

Exhibit A

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Subject: RE: CGM Update Related to Change/Optum EDI Outage

Matthew L. Miller, Esq.
Meyerson & Miller

1600 Market Street
Suite 1305
Philadelphia, Pa. 19103
(215) 972-1376 x103
(215) 972-0277 Fax

www.meyersonlawfirm.com

From: LoriG <LGarrison@drsoloway.com>
Sent: Monday, June 17, 2024 2:26 PM
To: Matthew Miller <mmiller@meyersonlawfirm.com>
Subject: FW: CGM Update Related to Change/Optum EDI Outage

This is our EMR/PM company. I'm working on this now for you.

From: CompuGroup Medical <inquiries@info-us.cgm.com>
Sent: Thursday, February 22, 2024 6:40 PM
To: Accounting <Accounting@drsoloway.com>
Subject: CGM Update Related to Change/Optum EDI Outage



Change/Optum EDI Outage Update

Due to a cyber security issue at Change Healthcare/Optum Solutions, for those transactions that we send to them, you will experience a delay/interruption. This may include patient eligibility requests, claims, claim attachments and responses, ERAs, and statements until the issue at Change/Optum is resolved. In order to protect sensitive data, Change/Optum has shut down access to its systems.

- This is a nationwide outage affecting one of the largest processors of healthcare transactions in the US, so the issue is not exclusive to eMEDIX, eMDs, or CompuGroup Medical.

- The outage is expected to last at least throughout today (February 22, 2024)
- If you are an eMEDIX EDI customer, we will hold claims and then forward them automatically when the issue is resolved. Our team has prepared [this document](#) with guidance on how you can check the status of claims and eligibility sent to us.

Updated information is available at [Optum Solutions Status - Update: Some applications are experiencing connectivity issues. \(changehealthcare.com\)](#)

CompuGroup Medical will provide additional information to our customers as we learn more.

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Exhibit B

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From: Aetna Provider Communications <Aetna_ProviderCommunications@provider.aetna.com>

Sent: Tuesday, February 27, 2024 6:29 PM

To: LoriG <LGarrison@drsoloway.com>

Subject: Change Healthcare outage - view the latest from Aetna

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Aetna[®] update on Change Healthcare outage

February 27, 2024

On February 21, Change Healthcare took several of their services offline in response to a cyber security incident they experienced. This is impacting certain Aetna business operations, as well as the operations of other companies nationally. There is no indication that Aetna's systems have been compromised. We're committed to ensuring access to care as we navigate through this network disruption. We have business continuity plans in place to minimize disruption of service and apologize for any inconvenience our network providers and members may experience. We will continue to utilize our business continuity plans to minimize disruption until the Change Healthcare services are restored.

Aetna uses Change Healthcare as an intermediary for certain Electronic Data Interchange (EDI) transactions across all of our lines of business. Additionally, we are aware that many of our Aetna network providers may use Change Healthcare to transmit claims information to us. This bulletin provides information to our network providers that are experiencing impact from the Change Healthcare network disruption.

Below is a set of **Frequently Asked Questions** that address the mitigation plans in place for providers to complete transactions with Aetna during the Change Healthcare outage. It is based on what is currently known and we will continue to share additional information as it becomes available.

What mitigation plans are in place for claims submissions while the outage continues?

For Aetna Commercial, Individual & Family Plan and Medicare: Aetna network providers who directly use Change Healthcare for EDI transactions to transmit information to Aetna should try to stay “digital first” and use one of our other business partners for their electronic transactions until Change’s outage is resolved. Here is a [list](#) of our approved electronic transaction vendors.

Providers can also use our existing medical provider portal hosted by [Availity](#) or dental provider portal hosted by [Dental Exchange](#) for electronic claims submission.

If providers work through a billing partner, practice management system or other vendor partner, they likely can advise on an alternate connection method for electronic transactions with Aetna.

Finally, when digital submission isn’t possible, providers can also reach out to our Aetna provider contact centers about submitting paper claims.

A **list of phone numbers** is available for providers to select from based on the specific transaction they are calling about.

For Aetna Better Health (Medicaid) plans: Providers need to use Office Ally for electronic claims submissions.

How do network providers get access to Availity?

Providers need to register to use Availity; many of our network providers already are registered, but do not currently use the portal. Availity offers provider training, and Aetna is considering any additional support needed. It's important to keep in mind this outage has a nationwide industry impact. Availity is a multi-payer portal and has confirmed with Aetna they are prepared to handle an increased volume of digital transactions.

[Get started with Availity](#)

How do providers get access to Office Ally?

Providers can register **here** for Office Ally.

Will Aetna extend or waive “timely filing” policies on claims processing?

We are assessing the need for this based on current claims submission activity.

How will “timely filing” deadline impacts be handled for claims that may be submitted past a timely filing deadline due to the outage?

We are assessing the need for this based on current claims submission activity. Any changes will be communicated to providers.

For providers who are submitting claims through a trading partner or directly to Change Healthcare, will they have to resubmit those claims, or will they ultimately be delivered to Aetna?

We are working to assess the impact to claims that may have been submitted during the outage and will provide an update when more information is available.

What alternative methods do providers have to submit “member eligibility and benefits” checks?

For Aetna Commercial, Individual & Family Plan and Medicare:

Network providers who directly use Change Healthcare for EDI transactions to submit to Aetna should stay “digital first” and use one of our other business partners for their electronic transactions until Change’s outage is resolved. Here is a [list](#) of our approved electronic transaction vendors.

Providers can also use our existing medical provider portal hosted by [Availity](#) or dental provider portal hosted by [Dental Exchange](#) or electronic member eligibility and benefit checks.

If providers work through a billing partner, practice management system or other vendor partner, they likely can advise on an alternate connection method for electronic transactions to Aetna.

Finally, when digital submission isn't possible, providers can utilize Aetna's Voice Advantage system. A **list of phone numbers** is available for providers to select from based on the specific transaction they are calling about.

For Aetna Better Health (Medicaid) plans: Providers need to use Availity to submit electronic member eligibility and benefits.

How can providers submit prior authorizations to Aetna during the Change Healthcare outage?

For Aetna Commercial, Individual & Family Plan and Medicare:

Network providers who directly use Change Healthcare for EDI transactions to submit to Aetna should stay "digital first" and use one of our other business partners for their electronic transactions until Change's outage is resolved. Here is a **list** of our approved electronic transaction vendors.

Providers can also use our existing medical provider portal hosted by **Availity** or dental provider portal hosted by **Dental Exchange** or electronic member eligibility and benefit checks.

If providers work through a billing partner, practice management system or other vendor partner, they likely can advise on an alternate connection method for electronic transactions to Aetna.

Finally, when digital submission isn't possible, providers can utilize Aetna's Voice Advantage system. A [list of phone numbers](#) is available for providers to select from based on the specific transaction they are calling about.

For Aetna Better Health (Medicaid) plans: Providers need to use Availity to submit electronic member eligibility and benefits.

Will you start to temporarily liberalize some policies such as prior authorization requirements to help further ensure member access to care while the outage continues?

We are not liberalizing any policies at this time. We have assessed the situation over the last few days and the alternative processes in place – in addition to available Aetna phone call support – should help us manage this important utilization management step with our network providers during this time. If this changes, we will provide an update.

What mitigation plans are in place for provider payments?

We are aware that some providers across our lines of business and affiliates may not be getting timely payments at this time, and we take this very seriously. At this time, we're exploring contingency payment options, particularly for providers in our Medicaid plans who receive payment via paper check and are enrolled in the Virtual Credit Card program.

Will interest payments be included in any payments that are past “timely payments” deadlines as a result of this outage?

We are working to assess the impact to claim payments and will share more at a later date.

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3222355-01-01 (02/24)

Exhibit C

From: Horizon Blue Cross Blue Shield of New Jersey <DoNotReply@email.horizonblue.com>
Sent: Wednesday, February 28, 2024 9:31 AM
To: LoriG <LGarrison@drsoloway.com>
Subject: Important Information for Claims Submission



Provider Claims Submissions Update Due to Change Healthcare Issue

As you know, Change Healthcare has been significantly impacted by a cyber security issue, which is also affecting the business operations of many companies nationwide, including Horizon. This is not a Horizon incident, and at this time, there is no indication that our systems have been compromised. Once we became aware of the incident, we disconnected our systems from Change Healthcare and are reviewing the impact to our business operations.

One key impact is related to provider claim submissions that have been disrupted by the Change Healthcare incident. Should you decide to change your EDI claim submission from Change Healthcare, Horizon can accept EDI claims from the following clearinghouses:

Ability Network

1-973-796-1521

www.abilitynetwork.com

Availity LLC

1-800-282-4548

enrollments@availity.com

CLAIMMD

1-855-757-6060

support@claimmd.com

CUREMD

1-212-852-0279

enrollment@curemd.com

EProvider Solutions

support@eprovidersolutions.com

Experian

1-224-698-5600

experian.com/healthcare/

Healthcare IP

payers@healthcareip.com

Office Ally

1-360-975-7000

support@officeally.com

Practice Insight

enrollment@practiceinsight.net

Zirmed

ENROLLMENT@ZIRMED.com

Please contact these clearinghouses directly for more information.

We know the Change Healthcare cyber security incident has created disruption across the health care environment and we remain committed to working with our provider partners to ensure that our members haven access to the care they need.

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Exhibit D

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From: Jewell, Julia <Julia.Jewell@CGM.com>
Sent: Wednesday, March 6, 2024 12:55 PM
To: LoriG <LGarrison@drsoloway.com>
Subject: 840268600 BWL Missing Horizon BC Remits

Hello! I wanted to follow up with you in regards to ticket 840268600, BWL Missing Horizon BC Remits.

Below you will find the latest update on the Change/Optum EDI issue.

Attention: All eMEDIX Customers

Type: Alert

Status: Update

Message: Change's systems continue to be down due to a cyber-security event. As a courtesy to our customers we will continue to provide updates as we learn more from Change and offer solutions for you.

- CGM has published a [Change Healthcare Outage FAQs](#) document with information about the outage, what we're doing, and options for customers. Please bookmark this page. We will update it with new information based upon community input and further information from Change/Optum.
- CGM's eMEDIX clearinghouse has successfully rerouted the majority of claims going to payers. The eMEDIX payer list is available at online.emedixus.com/payer-list
- You can monitor the overall status of the outage at status.changehealthcare.com

Thank you for attention.

Your Partner,
CompuGroup Medical

On the FAQ document, it discusses ERAs. I have provided that information below for your reference.

What about ERAs for payments?

ERAs that are routed through Change to our systems will not be available while their system is down. You will be able to go to payer portals that provide these and download from those sites and then upload into your practice management systems. Keep in mind that once ERAs start coming through automatically, you will need to ensure these ERAs are not posted. Please contact Support for assistance if you do not know how to import or revoke automatically posted remits.

At this time all related support tickets will be closed. You may monitor future updates on the landing page of your CGM Portal.

Please reach out if you have additional questions or need further assistance.

Thank You!

Julia Jewell
Support Manager



Office +1 (855) 270-6700

Julia.Jewell@cgm.com
www.cgm.com/us

Synchronizing Healthcare

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From: Aetna Provider Communications <Aetna_ProviderCommunications@provider.aetna.com>

Sent: Thursday, April 11, 2024 7:22 PM

To: LoriG <LGarrison@drsoloway.com>

Subject: Update about Change Healthcare Service Interruption

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Change Healthcare service interruption update

We remain grateful to you, our network providers, for your patience and flexibility as we worked carefully and quickly to restore operations impacted by the Change Healthcare (CHC) service interruption that occurred on Feb. 21. Our focus throughout has been to restore impacted operations as quickly as possible to support providers and ensure access to care for our members.

As of April 10, we restored our connection to the Change Healthcare Electronic Remittance Advice distribution service. This means:

For Commercial, Individual and Family Plans, and Medicare:

- Providers that did not select a different vendor to receive ERA files from Aetna during the service interruption began receiving ERA files on a go-forward basis starting on April 10.
- If you submitted a form to enroll with a different vendor to receive your ERA files and you have not heard back, please be patient. We are working to process all submitted requests as quickly as possible. Once your form is processed, you will begin receiving ERAs based on your selection.

- We will send ERA files to CHC that were held going back to Feb. 21 and not reissued to another vendor due to a provider-initiated ERA Enrollment.
- If you have previously used an EOB or some other means to update claims within your revenue cycle management system, it is important to be aware of any duplication impact that may be caused by downloading the ERAs for these claims. Please check with your system's vendor to discuss impact prior to downloading older ERAs.

For Aetna Better Health (Medicaid) plans:

- Providers will continue to receive their ERA files from the clearinghouse on file with ECHO Health or via the ECHO Health portal. Providers that want to update their payment/ERA distribution preferences with ECHO Health for Medicaid claims payment may do so [here](#).
- Access to historical remits/ERAs processed prior to the CHC outage are still impacted. We are continuing to work closely with CHC to understand their recovery timeline and assess alternate solutions as more capabilities become available.



Have questions?

We will continue to update the provider bulletin as we have additional information to share. You can view the latest bulletin [here](#).

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Exhibit F

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From: GEHA <GEHA@info.geha.com>
Sent: Wednesday, May 29, 2024 11:05 AM
To: LoriG <LGarrison@drsoloway.com>
Subject: CHC Update - Aetna Network Provider / GEHA claims submission process

GEHA. Government Employees Health Association

Aetna Network Provider,

On Feb. 20, 2024, Change Healthcare (CHC) experienced a cyber incident that resulted in a disruption to services. As a result, if you attempted to submit an electronic claim to CHC for the GEHA-ASA Payer ID 06603 on or after Feb. 20, 2024, CHC will not have a record of that transaction, and you would not have received a rejection notice.

An alternate method has been identified to restore the clearinghouse services that were disrupted so that claims can be received by Aetna Signature Administrators and processed. Migrating to a new system takes time and thorough quality assurance to ensure no additional unintended impacts to member and provider services. Implementation efforts are underway and we expect that this functionality will be restored in mid-June.

We will send a follow-up notification once GEHA-ASA Payer ID 06603 has been restored. Following the restoration of clearinghouse services, you will need to resubmit any claims with a **2023 service date**.

Please note, effective for the 2024 plan year, GEHA now partners with UnitedHealthcare's Choice Plus network across our five medical plans. **Claims with a service date in 2024 should be submitted per the EDI information on the back of the member's ID card, and should not be submitted through the GEHA-ASA Payer ID.**

GEHA will provide updates to the restoration of the impacted clearinghouse services, as well as provider-specific FAQs, at geha.com/CHC.

Thank you,

GEHA

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